

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/

FILING DATE

APPLICANT(S)

101583198

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2		1				
3		1				
4		1				
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TOTAL IND.	2		↓		↓	
TOTAL DEP.	3rd		←		←	
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						